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CONFIRMATION NO. 7506

<b>SERIAL NUMBER</b> 10/763,540	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> UC1.PAU.32	
<b>APPLICANTS</b> Guann-Pyng Li, Irvine, CA; Mark Bachman, Irvine, CA; Abraham Phillip Lee, Irvine, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/442,220 01/24/2003 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/28/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature <i>[Signature]</i> Initials <i>RTT</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23386					
<b>TITLE</b> Micro medical-lab-on-a-chip in a lollipop as a drug delivery device and/or a health monitoring device					
<b>FILING FEE RECEIVED</b> 666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		